

## Project Evaluation Data

*Please complete all fields that are applicable to your project.*

Grant Number:		Name of Jurisdiction:	
Contact Name:		Population:	
Email:		Phone Number:	
Total # of Households in Jurisdiction:			
% of Households Targeted by Grant:			
% of Households Actually Served by Grant:			

## Project Costs

				Check cost categories below included in project cost:						
Collection method	Pounds Collected	Total Project Cost	Project Cost/ Pound Collected	Personnel	Collection	Transport/Disposal	Equipment	Publicity	Number of Households Served	Project Cost/ Household Served
Retail Collection										
Temporary Events										
Permanent Facility Operation Change										
Materials Reuse										
Door-to-Door										
Curbside Collection										
Source Reduction										
Other										
Total:	0	\$0	\$0						0	\$0

## Waste Streams Collected

Material	Pounds Collected	Total Cost of Collection-Disposal	Cost/ Pound Collected-Disposed	Collection Method (Use terms in section above)	COMMENTS
Fluorescent lamps					
Single-use batteries					
Rechargeable batteries					
Mercury Thermometers					
Sharps					
Latex Paint					
Oil-Based Paint					
Used Oil					
Oil Filters					
Pharmaceuticals					
Other (add fields if necessary)					
Total	0	\$0.00	\$0.00		